

ATTACHMENT F – BID 2109
CITY OF MILWAUKEE HEALTH DEPARTMENT
CHILDHOOD LEAD POISONING PREVENTION PROGRAM

841 N. Broadway, Room 118
Milwaukee, Wisconsin 53202
Phone: (414) 286-0387
Fax: (414) 286-0715

Notice of Contractor Waiver for Primary Prevention Lead Abatement

I, _____, the owner of the property located at:

_____ consent to Primary Prevention Lead Abatement. I waive my right to choose a lead abatement contractor. I Indemnify and hold harmless the MHD, its officers, employees, and agents from and against any and all losses, claims, damages, expenses, and all suits in equity or actions at law arising from, in connection with, or as a result of or any actions of contractor undertaken pursuant to this Application.

I support the Milwaukee Health Department's attempts to protect children from lead hazards. I believe that the sooner the work is completed the safer the environment will be for all children that visit or live in the property. My signature is my agreement to the immediate commencement of work. I will work with the contractor and tenant to bring the lead abatement project to a successful conclusion.

- Participation means that the owner agrees to allow MHD inspectors access to the interior of the property during this administrative process.
- Participation means that the owner agrees to provide building access for the contractor with his/her presence or access with a key for the duration of the project.
- I understand that if my property is in foreclosure, I must disclose this information.
- I certify that I have not filed for bankruptcy nor am I in bankruptcy of any kind.

Owner's Initials

Property Owner Address

MHD Lead Risk Assessor

Property Owner City, State and Zip Code

Property Owner Phone No.

Property Owner Signature

Date